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United Nations Population Fund

Country programme document for Nicaragua

Proposed indicative UNFPA assistance:	$6.7 million: $4.2 million from regular resources and $2.5 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2019-2023)
Cycle of assistance:	Ninth
Category per decision 2017/23:	Yellow

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.8	1.0	2.8
Outcome 2	Adolescents and youth	0.5	0.5	1.0
Outcome 3	Gender equality and women's empowerment	1.0	0.5	1.5
Outcome 4	Population dynamics	0.5	0.5	1.0
Programme coordination and assistance		0.4	-	0.4
Total		4.2	2.5	6.7

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I. Programme rationale

1. Nicaragua is a Central American lower middle-income country, whose solid economic growth (average 4 per cent) over the last decade has allowed decision makers to shift from crisis control mode to longer-term innovative strategies to fight poverty, reduce inequalities and restore rights for its 6.8 million people, as indicated in the National Human Development Plan (2016), approaches that are mostly in line with the 2030 Agenda for Sustainable Development. Between 2009 and 2014 income poverty dropped from 42.5 to 29.6 per cent, while extreme poverty fell from 14.6 to 8.3 per cent. Likewise, the Gini coefficient declined from 0.38 in 2014 to 0.33 in 2016. Nevertheless, poverty is still high, particularly in rural areas, where 44 per cent of Nicaraguans live, and among indigenous and afro-descendants, who represent 7 per cent of the total population and mostly live in the North (RACCN) and South (RACCS) Atlantic Autonomous Regions and in the North-central part of the country. Nicaragua is a young country in full demographic dividend period (lasting until 2035), with adolescents and youth (10-29 years) accounting for 38 per cent of the population.

2. Nicaragua has shown progress in closing the gender political gap with high representation of female legislators, ministers and mayors. Over the last decade, the Comprehensive Law 779 on violence against women, various policies and norms on adolescents' access to sexual and reproductive health services and rights and comprehensive sexuality education guidelines have been approved. The Family Code reaffirmed the minimum legal age for marriage to 18 years old (16 with parental consent). However, reaching real equality and maintaining hard-won gains still requires full implementation of legal frameworks and more articulated institutional response.

3. The Family and Community Health Model (MOSAFC), as the backbone of the health system, and its Local Health Integrated Systems (SILAIS), have played a pivotal role in the improvement of national sexual and reproductive health indicators. Community strategies, such as increasing the number of maternity homes, have helped expand the coverage of births attended by skilled health personnel and prenatal care, reduce the unmet need for family planning, as well as strengthen implementation of policies and guidelines, and capacity development of health human resources. As a result, maternal mortality ratio decreased from 73.3 deaths per 100,000 live births in 2000 to 37.9 in 2014. In the last eight years, indirect obstetric causes were reduced by 75 per cent and direct obstetric causes by 32.4 per cent, being postpartum hemorrhages and gestational hypertensive syndrome the leading causes of maternal deaths. Contraceptive prevalence rate for modern methods has increased to 77.3 per cent and unmet need for family planning among women aged 15-49 declined to 5.8 per cent, whilst the rural-urban prevalence gap declined to 3.7 per cent. Nevertheless, sexual and reproductive health indicators show important disparities along geographic, age, income and ethnic lines. Eight out of 19 total Local Health Integrated Systems, representing 42 percent of the population, have maternal mortality ratios higher than the national average and three of them (RACCN, RACCS and Jinotega) double the national average. Adolescents account for one fifth of maternal deaths. Unmet need for family planning among adolescents aged 15-19 reaches 10.8 per cent (DHS, 2011/12). A focused strategy on increasing access to and utilization of quality services by adolescents and young people, low-income women living in rural areas, indigenous and afro-descendants is needed to tackle social determinants associated with adverse reproductive health outcomes and the equity gap.

4 Despite relatively high contraceptive prevalence rate among adolescents aged 15-19 (70.6 percent), Nicaragua maintains the second highest adolescent fertility rate in the Latin American and Caribbean region. Although adolescent fertility rate declined from 106 per 1,000 women aged 15-19 in 2006 to 92 in 2011 (DHS, 2012), disparities persist based on age, ethnicity, educational level (193 per 1,000 with little education versus 29 per 1,000 in higher education), income, and place of residence (107 per 1,000 in urban areas and 74 per 1,000 in rural areas). Comprehensive sexuality education is included in the school curricula since 2008; nevertheless, training of school teachers is incipient and adolescents and young people have little knowledge about sexual and reproductive health and rights. Only one-third of adolescents used contraceptives in their first sexual

intercourse, being male condom and the pill the most used methods, as the availability of long-acting reversible methods is limited. Additionally, adolescents account for 25.2 percent of new HIV cases. Early unions and sexual violence are also important determinants of adolescent pregnancy, as 35 per cent of women aged 20-24 report having been in union before the age of 18.

5. Violence against women is an often tolerated phenomenon, fostered by unequal power relations between men and women and the persistence of discriminatory socio-cultural patterns. The percentage of women aged 15-49 who report having suffered physical or sexual violence from their partner or ex-partner in the last 12 months declined from 9.3 in 2006/7 to 7.5 per cent in 2012. Nevertheless, violence among 15-19 year-old adolescents actually increased from 10.8 to 11.9 per cent, pointing to the need for continuing targeted policies for adolescent and young girls.

6. In the last fifteen years, Nicaragua has made progress in the generation of population data and statistics, although most of them are now outdated, fragmented and with an insufficient level of disaggregation to track inequalities, particularly by gender, ethnic and age variables. Data analysis and use in public decision-making is still limited. The Population and Housing Census and Demographic and Health Survey (DHS), scheduled for 2018 and 2019, represent unique opportunities to enhance national capacities and advocate for the generation, reporting and use of national and regional disaggregated data.

7. The country is vulnerable to natural disasters, particularly earthquakes, volcanic eruptions and hurricanes. The country has a well-organized emergency preparedness and response system. The United Nations system has been supporting Nicaragua during emergencies, upon Government request.

8. The programme builds on the findings of the evaluation of the current country programme 2013-2018, which recognizes UNFPA flexibility to adapt to political changes in coordination mechanisms, financing and scope of international cooperation and recommends: (a) strengthening intersectoral coordination strategies to scale-up results and institutionalize processes that serve the needs of priority population groups, while optimizing the number of implementing partners; (b) continuing to rely on local platforms and organized community networks to reach out to the most excluded population groups, enhancing coverage and quality of services.

II. Programme priorities and partnerships

9. The proposed programme 2019-2023 is aligned with the: National Human Development Plan 2018-2021 and sectoral policies; 2030 Agenda for Sustainable Development, particularly SDGs 1, 3, 4, 5, 10 and 17; UNFPA Strategic Plan 2018-2021; Montevideo Consensus on Population and Development; and Secretary General´s Global Strategy on Women´s Children and Adolescents´ Health.

10. The programme responds to the need to build resilience of individuals, institutions and communities and close geographical, age, ethnic and gender gaps – expressed in disparities in maternal mortality, adolescent pregnancy, and gender-based violence indicators – so that women, adolescents and young girls, particularly from rural, indigenous and afrodescendant communities, can fully exercise their sexual and reproductive rights and overcome cultural norms, legal barriers and discriminatory practices. The programme will contribute to the three UNFPA transformative results and Nicaragua 2030 vision, by improving access to and use of quality sexual and reproductive health services, providing comprehensive sexuality education and strengthening multisectoral response to gender-based violence, including sexual violence, across development and humanitarian settings. Use of data on population dynamics, sexual and reproductive health and gender inequalities will be an indispensable tool to guide evidence-based public policy-making.

11. The geographical scope of the programme will be national, prioritizing the following SILAIS: RACCN (includes Bilwi and Las Minas), RACCS, Jinotega, Chontales, Matagalpa, Chinandega, Zelaya Central. These regions are home to dispersed, indigenous, afro-descendants and lower income rural population groups, with

the worst sexual and reproductive health indicators, including higher maternal mortality ratios, lower family planning prevalence, institutional birth and pre and post-natal care. UNFPA will use evidence-based advocacy and policy dialogue, institutional capacity development, and coordination and partnerships strategies with government, academia, professional associations, other United Nations organizations and the private sector.

A. Outcome 1: Sexual and reproductive health

12. *Output 1: Strengthened national and local capacities to provide high-quality, integrated sexual and reproductive health information and services that are responsive to emergencies, particularly for adolescents and young girls, low income women in rural areas, indigenous and afrodescendants.* Within the framework of the MOSAFC, UNFPA will engage in policy dialogue and capacity development strategies with the Ministry of Health to enhance quality and increase coverage of sexual and reproductive health services, particularly targeting low income women in rural areas, adolescent and young girls, from the most vulnerable population groups. Key interventions are: a) enhancing capacities of health managers and healthcare providers to implement evidence-based policies, norms and guidelines at the national and local levels, focusing on maternal mortality and morbidity reduction, prevention and reduction of adolescent pregnancy and STIs/HIV, promotion of comprehensive quality services for adolescents and prevention, screening and management of cervical cancer; b) strengthening capacities of community networks, including maternal houses and adolescents' networks, for quality provision of sexual and reproductive health information, services and distribution of modern contraceptives; c) strengthening the Logistic Management and Information System (LMIS), by linking availability of sexual and reproductive health commodities with their demand at the service delivery point level, to reach the last mile, particularly adolescents and youth; d) strengthen capacities of health providers to provide medical attention to victims of sexual violence, including through the implementation of the Minimum Integrated Service Package, in emergency preparedness and response plans, upon Government request; e) advocate for improved generation and use of evidence on sexual and reproductive health, both for decision-making and for enhanced response; f) facilitate the engagement of adolescents and youth organizations in policy dialogue with professional associations, health personnel and community agents to enhance access to adolescent-friendly sexual and reproductive health services, including family planning, and gender-based violence attention services.

B. Outcome 2: Adolescents and youth

13. *Output 1: Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights and wellbeing.* UNFPA, in partnership with the Ministries of Youth, Family and Education, academia, educational communities, youth-led organizations, religious leaders and international community, will support strengthening of policies and programmes, for informed decision-making on issues that hinder the full benefit of demographic dividend and well-being of young people and adolescent girls, in particular those furthest behind from afro-descendants and indigenous communities. Key interventions include: (a) promoting evidence-based advocacy and policy dialogue for the formulation, implementation and monitoring of policies, plans, and programmes addressing adolescents' comprehensive development, through adequate investment in their health, education, and well-being; b) engaging in policy dialogue with government and community actors, particularly youth-led organizations, for the alignment of the comprehensive sexuality education policy to international standards, both in formal and non-formal settings, in order to reach out to adolescents and youth, particularly at risk afro-descendants and indigenous girls; c) strengthen capacities and knowledge of adolescents and community groups, through certified teachers' trainings and guidelines, based on the comprehensive strategy for sexuality education, both in formal and non-formal settings; d) design and implement advocacy strategies that promote comprehensive sexuality education and address the linkages between adolescent pregnancy, early unions and gender-based violence, by mitigating the influence of negative social norms and discriminatory practices at the community level.

C. Outcome 3: Gender equality and women's empowerment

14. *Output 1: Increased multisectoral capacity to prevent and address gender-based violence, including sexual violence, across development and humanitarian contexts.* To close implementation gaps of gender-based violence legal and policy frameworks, UNFPA will strengthen interinstitutional coordination and community mobilization for an enhanced multisectoral response. Key interventions are: a) providing technical assistance to increase institutional capacity and multisectoral coordination among the Ministry of Family, Adolescence and Childhood, Education, Health, and the Supreme Court of Justice to prevent and respond to gender-based and sexual violence; b) provide technical assistance to enhance the capacities of the Ministry of Education, the Ministry of Family, Adolescence and Childhood and the National Police for the implementation of a preventive, early-warning system that detects risk situations affecting families, particularly adolescent girls, in order to facilitate a prompt institutional and articulated response, ensuring their protection; c) strengthening intersectoral referral mechanisms among the Ministry of Education, the Ministry of Family, Adolescence and Childhood; the National Police, justice operators, forensic office, to provide timely and quality response to gender-based violence, especially sexual violence; d) evidence-based advocacy and policy dialogue for the implementation of laws, policies and programmes that address gender-based violence and sexual violence, across development and humanitarian settings; e) supporting the Ministry of Youth in the implementation of the prevention strategy for juvenile violence (including courtship violence, among others) strengthening youth decision-making capacities through the promotion of values.

D. Outcome 4: Population dynamics

15. *Output 1: Improved national population data systems to map and address inequalities in sexual and reproductive rights and gender, to guide evidence-based policies, plans and programmes.* Taking advantage of the scheduled Census and DHS, UNFPA will strengthen the capacity of sectoral institutions, academia, scientific associations and think-tanks for the generation, analysis and use of disaggregated data and evidence on reproductive health and gender issues, that can guide targeted interventions and enhanced evidence-based public policy-making. UNFPA will: a) promote the generation, analysis and use of disaggregated Census and DHS data by residence, income, gender, age, education, ethnicity, disability to track inequalities and achieve the goals of the National Human Development Plan, sectoral initiatives, and 2030 Agenda, particularly SDGs 3, 4, 5, 10, 11 and 17; b) strengthen capacities of academia and training centers for the analysis of socio-demographic data and evidence on sexual and reproductive health and rights, and their linkages with population dynamics and sustainable development; c) promote knowledge-sharing of good practices and experiences in data collection and analysis, including through administrative records, in the area of sexual and reproductive health, demographic dividend, gender inequalities and gender-based violence; d) promote knowledge-sharing, also through South-South Cooperation initiatives, on new technologies to capture, analyze and disseminate sexual and reproductive health -related data.

III. Programme and risk management

16. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

17. Programme implementation arrangements will include a combination of NEX and DEX. UNFPA will apply standard operating procedures of the United Nations and implement harmonized approach to cash transfers. UNFPA will coordinate actions with other United Nations organizations and donors, particularly in the area of maternal health, STIs/HIV, contraceptive supplies (PAHO, UNAIDS, Government of Luxembourg); gender-based and sexual violence and early marriage (UNICEF); and

resilience and emergency response (WFP). UNFPA will closely collaborate with the Government of Canada through project "Strengthening reproductive Health and Rights for adolescents".

18. Staffing arrangements are adequate to effectively and efficiently deliver the proposed programme. The country office will seek technical support from the regional office and headquarters, including through south-south cooperation, as needed. It will benefit from the integration of skills among the country offices comprising the cluster of Nicaragua, Panama and Costa Rica, all headed by the same representation.

19. To address programmatic risks, the following risk-mitigation strategies will be implemented: engaging in dialogue at the highest political level to ensure the sustainability of the programme; approaching multilateral organizations and international financial institutions (World Bank; IADB), regional institutions (SICA; BCIE), traditional and new donors for partnership or resource mobilization opportunities to offset the reduction of regular resources and implementing partners; establish integrated monitoring and risk-control processes to ensure the effective, efficient and timely use of resources. Given the current limitations to mobilize resources from international donors through UNFPA country office, the resource mobilization strategy mainly relies on regional co-financing.

20. In emergency situations, after consultations with the country, UNFPA may reschedule activities to better respond to emergencies, especially life-savings measures.

IV. Monitoring and evaluation

21. UNFPA and the Government, through the Ministry of Foreign Affairs, will manage and monitor the country programme, per UNFPA policies and procedures, using results-based management and accountability frameworks. Together with national implementing partners, UNFPA will organize field-monitoring visits and regular technical meetings, to track progress and adjust annual work-plans, as needed. UNFPA will also strengthen national capacities to monitor national development indicators, Montevideo Consensus and UNFPA-prioritized SDGs indicators. To the extent possible, UNFPA will rely on national monitoring systems.

RESULTS AND RESOURCES FRAMEWORK FOR NICARAGUA (2019-2023)

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
National priority: National Human Development Plan 2018-2022. Health in all its modalities. Continue reducing child and maternal mortality, developing community strategies, strengthening maternal houses and improving the quality of services.				
Outcome 1: Sexual and reproductive health Outcome indicator(s): • Unmet need for family planning (15-19 year olds) *Baseline*:10.8%; *Target*:8.3% • Proportion of births attended by skilled health personnel *Baseline*:88%; *Target*:92%	Output 1: Strengthened national and local capacities to provide high-quality, integrated sexual and reproductive health information and services that are responsive to emergencies, particularly for adolescents and young girls, low income women in rural areas, indigenous and afrodescendants	• Number of UNFPA-supported SILAIS that have implemented obstetric and neonatal emergency care (EmONCs), according to international and regional standards *Baseline:*3; *Target:*8 • Percentage of UNFPA-supported SILAIS, offering comprehensive reproductive health services for adolescents *Baseline:*50%; *Target:*75% • Percentage of UNFPA-supported SILAIS, offering comprehensive health services for victims of sexual violence, including in emergency situations *Baseline*:0%; *Target*:42% • Percentage of UNFPA-supported health units implementing the LMIS *Baseline:*60%; *Target:*100%	Ministry of Health	$2.8 million ($1.8 million from regular resources and $1.0 million from other resources)
National priority: National Human Development Plan (2018-2021). Guaranteeing young people's access to health services, providing information, education and comprehensive care				
Outcome 2: Adolescents and youth Outcome indicator(s): • Number of institutions engaging adolescent and youth, including marginalized adolescents and youth, of sectorial sexual and reproductive health policies *Baseline*:1; *Target*:4	Output 1: Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights and wellbeing	• Number of adolescents reached by the comprehensive strategy for sexuality education that recognize ways to prevent adolescent pregnancy and child marriage *Baseline:* 0; *Target*: 80,000. • Number of school and community teachers, and parents that recognize coexistence with respect and equality as a basis for non-discriminatory relations *Baseline*: 0; *Target:* 6,000.	Ministry of: Education; Ministry of Family, Adolescence and Childhood; Ministry of Youth; Ministry of Health; other United Nations organizations.	$1.0 million ($0.5 million from regular resources and $0.5 million from other resources)

National priority: National Human Development Plan. Gender equity: promote elimination of all forms of violence against women, harmful practices, family, work and social discrimination.				
Outcome 3: Gender equality and women's empowerment Outcome indicators: • Proportion of ever partnered women and girls aged 15 and older subjected to physical, sexual or psychological violence by a current and former intimate partner in the previous 12 months *Baseline*:17.5; *Target*:12.5	Output 1: Increased multisectoral capacity to prevent and address gender and sexual violence across development and humanitarian settings.	• Percentage of gender-based violence victims attended by the Ministry of Family who entered their complaint into the judicial system *Baseline*: 40%; *Target*: 90%	Ministries of: Family, Education, Health; Youth; National Police; Supreme Court of Justice; United Nations organizations.	$1.5 million ($1.0 million from regular resources and $0.5 million from other resources)
National priority: National Human Development Plan (2019-2021). Fight poverty, reduce inequalities and restore rights.				
Outcome 4: Population dynamics Outcome indicator(s): • Proportion of SDG indicators at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics. *Baseline*:30%; *Target*:100%	Output 1: Improved national population data systems to map and address inequalities in sexual and reproductive rights and gender, to guide evidence-based policies, plans and programmes.	• Percentage of the 17 UNFPA-prioritized Sustainable Development Goals indicators generated by the DHS *Baseline*:70%; *Target*:100% • Number of academic and scientific studies that analyze DHS and Census data on population dynamics, sexual and reproductive health, comprehensive sexuality education and gender-based violence *Baseline*:0; *Target*:8	Ministries of: Health, Education; Family; academia and scientific associations.	$1.0 million ($0.5 million from regular resources and $0.5 million from other resources) Total for programme coordination and assistance: 0.4 million from regular resources